

# Transporter Quarterly Report

This form is issued under authority of P.A. 403 of 2000. Filing is mandatory.

## This report is due

► 1. Company Name and Mailing Address

► 2. Account Number (FEIN or TR)	► 2A. License Number	► 3. Report Period (MM/CCYY)
4. Contact Person Name		
5. Telephone Number		6. Fax Number
7. E-mail Address		

This report must be filed by all transporters for shipments into and out of the State of Michigan. Complete and attach schedules.

## See page 2 for instructions.

	Gross Gallons - Report Whole Gallons Only					
	Column 1 Gasoline	Column 2 Aviation Gasoline	Column 3 Jet Fuel	Column 4 Undyed Diesel Fuel	Column 5 Dyed Diesel Fuel	Column 6 Other Products
8. Total gallons of petroleum product transported from Michigan to another state. Enter total from attached Schedule(s) 14A.						
9. Total gallons of petroleum product transported from out-of-state locations into Michigan. Enter total from attached Schedule(s) 14B.						
10. Total gallons diverted to Michigan after having been pulled for destination in another state (Schedule 11A).						
11. Total gallons diverted from Michigan after having been pulled for destination in Michigan (Schedule 11B).						
12. Total gallons of petroleum product transported. Add lines 8 through 11.						

I declare under penalty of perjury, that I have examined this report, and to the best of my knowledge and belief, it is correct and complete.

► <input type="checkbox"/> I authorize Treasury to discuss my return and attachments with my preparer.		<input type="checkbox"/> Do not discuss my return with my preparer.	
► Authorized Signature		Signature of Preparer	Preparer FEIN
Printed Name	Date	Printed Name	Date
Title	Telephone Number	Address	Telephone Number

**MAIL REPORT TO:** Michigan Department of Treasury, Customer Contact Division - Special Taxes, Lansing, Michigan 48922

Questions ? - Please call (517) 636-4600

[www.michigan.gov/treasury](http://www.michigan.gov/treasury)

## Instructions for Transporter Quarterly Report, Form 3724

This report must be filed quarterly by carriers who transport motor fuel into or out of this state **for another person**. Transportation vehicles include railroad or rail car, tank wagon, transport truck or any other fuel transportation vehicle. A transporter is engaged in the business of transporting motor fuel below the terminal rack.

**LINE-BY-LINE INSTRUCTIONS.** *(Lines not listed below are explained on the form.)*

**Line 1:** Indicate changes to the company name and address by crossing out incorrect information and entering correct information.

**Line 2:** Enter taxpayer Federal Identification Number (FEIN or TR).

**Line 2A:** Enter taxpayer's 8-digit license number.

**Line 3: Report Period.** Enter the report period (example 06/2001 or June 2001).

**Lines 4-7.** Enter the name, phone number, fax number, and e-mail address of the individual who may be contacted for questions.

**Lines 8-12:** Complete lines 8-12 for each Product Code listed in Columns 1-5.

### Column 6, Other Products.

When reporting "Other Products" not identified in Columns 1-5 on Page 1, enter the appropriate product code in Column 6 or enter the combined total of all schedules for "Other Products."

The most common product codes are listed below. See Treasury's Web site for additional codes.

### Product Codes (PC)

#### Gasoline Products

065 - Gasoline

124 - Gasohol

241 - Ethanol

100 - Transmix

Other : \_\_\_\_\_

#### Diesel Products

160 - Undyed Diesel

228 - Dyed Diesel

142 - Undyed Kerosene

072 - Dyed Kerosene

Other : \_\_\_\_\_

#### Aviation Products

125 - Aviation Gasoline

130 - Jet Fuel

Other : \_\_\_\_\_

#### Miscellaneous Products

054 - LPG

243 - Methanol

Other: \_\_\_\_\_